Approved For Release 2002/\forall f12f2 CfA-RDP80-01826R000800030032-0									
FITNESS REPORT (Part I) PERFORMANCE									
INSTRUCTIONS									
FOR THE State of this evaluate where	UPERVISOR: This wation to your he stands wi	reposupe:	ort is designed rvisor and senior ou. Completion	to h	elp you e ficials. the repor	Organization policy t can help you pre	ion of y requ epare	your sub ires that for a di	ordinate and to transmi you inform the subordi scussion with him of hi t to the employee excep
any quest Fersonnel	ion. If this in the incommentation in the incommentation in the incomment	ea 11 is ti 30 d	he initial report ays after the da	t o	n the emp	loyee, it must be co in item 8, of Section	omplet on "A"	ed and for below.	re form before completin orwarded to the Office o
SECTION				·		ERAL			
1. NAME	(Last)		(First)	(M	liddle)	2. DATE OF BIRTH		3. SEX	4. SERVICE DESIGNATIO
5. OFFICE	DIVISION/BRANC	H OF	ASSIGNMENT			6. OFFICIAL POSITION	N TIT	LE	
7. GRADE	8. DATE REPOR	T DU	E IN OP	9.	PERIOD C	OVERED BY THIS REPOR	RT (In	clusive a	lates)
10. TYPE			INITIAL		REASSIGN	MENT-SUPERVISOR		SPECIAL	(Specify)
(Chec	k one)		ANNUAL		REASSIGN	M E N T • E M P L O Y E E			
SECTION						ICATION			
1. FOR TH	E RATER: THIS	REPO	RTHAS	HAS	NOT BEEN	SHOWN TO THE INDIVI	IDUAL	RATED. I	F NOT SHOWN, EXPLAIN WH
A. CHECK	(X) APPROPRIATE	STA	TEMENTS:			ALL ASPENDE			
THIS VIDUA		MY	OWN OPINIONS OF	т н	IS INDI-				CI OR D. A WARNING LET- ATTACHED TO THIS REPORT.
	REPORT REFLECTS REVIOUS SUPERVI		COMBINED OPINIOI	NS O	F MYSELF				TED INDIVIDUAL KNOWS HOW CE BECAUSE $(Specify)$:
AND W	EAKNESSES SO TH	АТ Н	THIS EMPLOYEE H E KNOWS WHERE HE	STA	NDS.		1		
B. THIS D	ATE	C. T	PED OR PRINTED 1	NAME	AND SIGN	ATURE OF SUPERVISOR	D. Su	PERVISOR'	S OFFICIAL TITLE
2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.									
Logratify	that any subst	anti	al difference of	opi	nion with	the supervisor is	reflec	ted in th	ne above section.
A. THIS D		в. т				ATURE OF REVIEWING	1		TLE OF REVIEWING OFFICIA
SECTION	c.		J	ОВ	PERFORMA	ICE EVALUATION		-	
	ON GENERAL PER	FORM	ANCE OF DUTIES						
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RATING NUMBER COMMENTS:	6 - PERFORMS THE SUPER	HIS	DUTIES IN SUCH A			S RESPONSIBILITIES (: MANNER THAT HE IS (YELL. W OTHER PERSONS KNOWN T
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2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES			
DIRECTIONS: Approved For Release 2002	/11/12 :	CIA-RDP80-01826R000800030032-0	
Place the most important first. Do not inclu	ude mino:	tant SPECIFIC duties performed during this rating pe	
b. Rate performance on each specific duty consider	dering Of	LLY effectiveness in performance of this specific dut rated as a specific duty (do not rate as supervisors	у.
who supervise a secretary only).		· · · · · · · · · · · · · · · · · · ·	
 d. Compare in your mind, when possible, the similar level of responsibility. 	individu	al being rated with others performing the same duty	at a
e. Two individuals with the same job title m	ay be pe	erforming different duties. If so, rate them on diff	erent
duties. f. Be specific. Examples of the kind of duties	that mic	which he rated are:	
ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON TYPING TAKING DICTATION SUPERVISING	HAS AND DEVELOPS ANALYZES MANAGES OPERATES COORDINA WRITES I PREPARES	USES AREA KNOWLEDGE S NEW PROGRAMS FILES RADIO RADIO RES WITH OTHER OFFICES CCORRESPONDENCE FI S uppervisor considers it advisable. e.g combiner	DATA
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NUMBER 4 - PERFORMS THIS DUTY IN A COMPETE 5 - PERFORMS THIS DUTY IN SUCH A			
THAT HE IS A DISTINCT ASSET ON		INN ER	
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		, and the second	MBER
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SPECIFIC DUTY NO. 3	RATING NUMBER		TING IMBER
3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMA	NCE		
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SECTION D. SUITABILITY FOR			
		T JOB IN ORGANIZATION	
pertinent personal characteristics or habits, spec pare him with others doing similar work of about t 1 - DEFINITELY UNSUITABLE - HE SHOULD B 2 - OF DOUBTFUL SUITABLEITYWOULD NOT	ial defe he same E SEPARA HAVE AC W AVERAG PLE I KN ING STRE OF THE	TED CEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW E BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO DW IN THE ORGANIZATION NGTHS REQUIREMENTS OF THE ORGANIZATION	Com-
IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME (OTHER PO	SITION IN THE ORGANIZATION? YES NO. IF	YES,
EXPLAIN FULLY:	1		
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SECTION 1. NAME	E. (Last)		(First)		GEN	NERAL				
			, ,		(Middle)	2. DATE OF	F BIRTH		3. SEX	4. SERVICE DESIGNATION
	DIVISION/BRAN						AL POSITION			
7. GRADE	8. DATE REPO	ORT DUI	E IN OP		9. PERIOD C	OVERED BY T	THIS REPORT	(In	clusive de	ates)
	OF REPORT		INITIAL	_		IMENT-SUPERV		<u> </u>	SPECIAL	(Specify)
SECTION	F		ALL ST.			TICATION	EE			
1. FOR TH	IE RATER: I CE	ERTIFY	THAT THIS REF	PORT	REPRESENTS A	MY BEST JUD	DGEMENT OF	тн Е	INDIVIDUAL	PEING PATED
A. THIS D	PATE	B. TY	YPED OR PRINTE	ED NA	ME AND SIGN	ATURE OF SU	JPERVISOR C.	SU	PERVISOR'S	S OFFICIAL TITLE
	E REVIEWING OF			VIEWE	D THIS REPO	RT AND NOTE	ED ANY DIFFE	EREN	CE OF OPIN	NION IN ATTACHED MEMO.
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